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Editorial Comment: A Method for Identifying Positive Deviant Local Health Departments in Maternal and Child Health

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Editorial Comment: A Method for Identifying Positive Deviant Local Health Departments in Maternal and Child Health

Abstract

Improving the well-being of mothers, infants, and children is a vital public health initiative in the United States. Local health departments are designated agents for addressing maternal and child health outcomes. Klaiman and colleagues used a positive deviant (PD) framework in identifying the modifiable activities and approaches for LHDs that contribute to better MCH outcomes.

Keywords

Maternal and Child Health, Positive Deviance, Methodology, Health Departments

Improving the well-being of mothers, infants, and children is a vital public health initiative in the United States, because it can predict future determinants for the advancement of maternal and child health (MCH) outcomes. Maternal and child mortality is one of the most intractable public health problems in the nation.¹ Specifically, the United States lags behind many industrialized nations in MCH outcomes.²

Local health departments (LHDs) are designated agents for addressing MCH outcomes. With interventions focused on improving public health service delivery and activities, LHDs have made significant improvement in this area. Despite the improvements, the causes of maternal and child mortality are complex and often intertwined, making it challenging to identify the LHDs activities and approaches that will successfully improve MCH outcomes. To this end, the current study is the first to use a positive deviant (PD) framework in identifying the modifiable activities and approaches for LHDs that contribute to better MCH outcomes.

Positive deviance is an important approach in identifying systems that achieve better outcomes compared to their peers.³ The identification of these systems can provide a model for other systems that yield poorer health outcomes and introduce an approach for problem solving that may lead to progress. As such, the LHDS that are identified as PDs provide a model to enhance capacity for improving MCH outcomes in a relevant, affordable, and sustainable way.

Using a positive deviant framework to address the gap in systematic identification of LHDs that have better MCH outcomes than the counterparts, the authors were able to identify 34 PD LHDs in two states. Additionally, the authors found that the range of combined MCH and of specific WIC, Family Planning, Maternal/Infant/Child/Adolescent Health expenditures similarly varied in non-PD LHDs and PD LHDs. The findings are significant to public health practices but perhaps what remains undetermined is whether identification of high performing LHDs can ultimately support examination of effective practices. Study designs such as the one described in the article using databases that includes common metrics across multiple states and LHD jurisdictions, provides an opportunity to conduct additional empirical studies that answer the undetermined question.

Two important implications for public health practice and research emerge from the study findings. Researchers should continue to explore the use of PD that identify activities and approaches that lead to better MCH

outcomes. Public health practitioners should engage in peer activities and approaches that have demonstrated improvements to population health. PD LHDs can provide a promising model for public health systems that seek to improve health outcomes.

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